

SAFETY-KLEEN (LONE and GRASSY MOUNTAIN), INC.
Grassy Mountain Facility
Inspection Record

TYPE: **Weekly**
 FORM: **RW09**

Date of Inspection: _____ Time: _____ AM/PM

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SITE MONITORING SYSTEM

EQUIPMENT / STRUCTURE/ ITEM	INSPECTION ELEMENT	STATUS		IF "NOT OK" STATE REASON	DATE & TIME CORRECTED & INITIALS
		OK	NOT OK		
MONITORING WELLS:	Check wells for damage to casing and security of the covers.				
	Check for evidence of tampering with the lock or cap.				
	Check for well visibility and accessibility to personnel.				

2	16	28	40A	50	68	
4	17	29A	41	51	69	
5	18A	30A	42	52	70	
6	19A	31	43	53	71	
7	20	32A	44	54	72	
9	21	33	45	55	73	
10	22	34	46	56	74	
11	23	35	PXY	57	75	
12	24	36	P4A,B,C	58	76	
13	25	37A	47	59	77	
14	26	38A	48	60	78	
15	27A	39	49	67	79	

Inspector's Name: _____ Inspector's Signature: _____

COMMENTS (IF NEEDED, EXPLAIN THE CORRECTIVE ACTIONS TAKEN):

IF STATUS NOT OK, MARK THE FOLLOWING

ENVIRONMENTAL DEPARTMENT CONTACTED: () YES () NO

REMEDIAL WORK ORDER ISSUED: () YES WORK ORDER # _____ () NO